



State of Connecticut
HOUSE OF REPRESENTATIVES
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PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

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FINANCE REVENUE AND BONDING COMMITTEE

Testimony of Rep. Mary Mushinsky (85th) In Support of
HB 6847, AA Enhancing Access to Behavioral Health Services and Services for Youth
with Autism Spectrum Disorder
Before the Insurance Committee
March 3, 2015

1:00 p.m.

The Program Review and Investigations Committee (PRI) is interested in this bill because of the overlap with our own HB 6854 which was re-raised this year after having been vetoed last year. The veto occurred after we made a last minute change in the reporting requirement to accommodate the insurance companies.

It is our committee's intention to determine whether mental health parity is being met for those families covered by private insurers. Our report on treatment for adolescents and young adults with substance abuse and mental health problems documented an illegal lack of parity for mental health treatment for those covered by private insurance. We did not find any violation of parity laws among state insured patients.

Section 7 of HB 6847 is a weak version of our bill; it needs strengthening. We attach a comparison of our bill and HB 6847, and substitute language that we hope you will accept. The main difference between the two is the specificity of our data requests, which will produce data that will verify which category of patient and which type of diagnosis is being discriminated against in violation of mental health parity laws, both state and federal.

Please assist the families of adolescents and young adults who are struggling to obtain care for their children suffering from mental health and addiction issues, and use our substitute language in Section 7. We are happy to work directly with your staff to blend these bills. Thank you for raising this issue.

Attachments: bill comparison; substitute language for Sec 7

Possible Changes to Governors Bill HB 6847 to Reflect PRI Points (HB 6854)

HB 6847 AN ACT ENHANCING ACCESS TO BEHAVIORAL HEALTH SERVICES AND SERVICES FOR YOUTHS WITH AUTISM SPECTRUM DISORDER.

Sec. 7. (*Effective from passage*) (a) Not later than October 1, 2015, the Insurance Commissioner shall convene a working group to develop recommendations for behavioral health utilization and quality measures data that should be collected uniformly from health insurance companies, health care centers and state agencies that pay health care claims.

(b) The working group shall consist of the Insurance Commissioner, the Healthcare Advocate, the Commissioners of Social Services, Public Health, Mental Health and Addiction Services, Children and Families and Developmental Services and the Comptroller, or their designees, and may include representatives from health insurance companies or health care centers or any other members the Insurance Commissioner deems necessary and relevant to carry out the working group's duties under this section.

(c) The working group shall determine the data that should be collected from said state agencies, group hospitalization and medical and surgical insurance plans established pursuant to section 5-259 of the general statutes, the state medical assistance program and health insurance companies and health care centers that write health insurance policies and health care contracts in this state, to inform analysis on (1) coverage for behavioral health services, including but not limited to per-member, per-month expenses, and, by level of care, median length of a covered treatment for an entire course of treatment with the same provider, (2) the adequacy of coverage for behavioral health conditions, including, but not limited to, autism spectrum disorders and substance use disorders, (3) the alignment of medical necessity criteria and utilization management procedures across such agencies, plans, program, companies and centers, including but not limited to utilization review outcome data grouped by level of care, age category, and level of insurer review, (4) the adequacy of health care provider networks, including but not limited to a) at the county level and by level of care, the number of in-network providers at each level of care and the percent accepting new patients, and b) network management data, including the number of provider applications to join the join the network, application decisions by the network, and withdrawals or other types of leaving the network, separately for each type of health care practitioner and for facilities, (5) the overall availability of behavioral health care providers in this state, (6) the percentage of behavioral health care providers in this state that are participating providers under a group hospitalization and medical and surgical insurance plan established pursuant to section 5-259 of the general statutes, the state medical assistance program, or a health insurance policy or health care contract delivered, issued for delivery, renewed, amended or continued in this state, and (7) the

adequacy of services available for behavioral health conditions, including, but not limited to, autism spectrum disorders and substance use disorders.

(d) Not later than January 1, 2016, the Insurance Commissioner shall submit a report of the recommendations of the working group as set forth in subsection (a) of this section, in accordance with the provisions of section 11-4a of the general statutes, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to insurance, human services, public health and children.

To: Rep. Mushinsky
From: Janelle Stevens, PRI Staff
Re: Governor's Bill No. 6847
Date: March 3, 2015

- The Governor's Bill, No. 6847, involves initial steps to getting data regarding access to covered behavioral health treatment, much like a bill originating in PRI (HB 6854) that has been re-raised this year after being vetoed last session. The PRI bill was raised after a committee study found a need for more attention and better information on access to substance use treatment for people with insurance.
- The Governor's Bill takes a different approach to access concerns than the PRI bill does.
 - The Governor's Bill takes the first steps toward getting uniform data from a range of health care payors, related to access to behavioral health treatment. It leaves to a working group the decisions on what specific data should be collected. The decisions are due to the Governor and legislative committees of cognizance by January 1, 2016.
 - The PRI bill would require private insurers (only) to give very specific access-related data, starting January 1, 2016.
- The Governor's Bill could include some of the specific concerns addressed in the PRI bill, by stipulating that certain data should be collected within the broad access areas:
 - Utilization review data that is grouped by --
 - Level of care, age category (e.g., child versus young adult), and level of insurer review (e.g., first request for coverage, final appeal)
 - Ideally also by high-level disorder category (e.g., co-occurring disorder, mental health)
 - Network information that involves --
 - Number of in-network providers at each level of care
 - Percent of providers who are accepting new patients/clients
 - Network management data, including applications to join the network, application decisions by the network manager, and withdrawals or other types of leaving the network, ideally by practitioner type and separately for facilities
 - Coverage data that includes, by age category --
 - Per member, per month expenses
 - Median length of a covered treatment, for an entire course of treatment with the same provider, by level of care

Note: RB 6867, being heard at today's public hearing, is also related to network adequacy. It requires:

- Health carriers to:
 - Report annually for each policy or plan the number of enrollees and the number of participating in-network providers

- Not exclude certain types of providers (e.g., LCSWs), as a class, from its network
- The Insurance commissioner, in consultation with the Healthcare Advocate, to actuarially analyze provider network adequacy annually.
 - The analysis is to look at: geographic accessibility, whether 5 PCPs are available within a reasonable distance, specialty provider access, reach across provider classes, access to disabled and culturally- and linguistically-appropriate services, and consumer complaints that relate to specific problems that can result from limited networks.
- If the commissioner believes there are network concerns, then the insurance commissioner is compelled to take certain additional steps to assess whether network providers are serving the plan's enrollees, enrollees are having trouble getting timely appointments, and contracting practices are good-faith efforts. The commissioner can do other things to assess network adequacy, at his/her discretion.

Overview of the Governor's Bill: HB 6847

- The Governor's Bill requires a working group to develop a recommended list of uniform data "to inform analysis" that should be collected from a range of payors of health care services.
 - It gives the insurance department the power to determine the working group's composition.
 - Certain state agency commissioners whose agencies pay for healthcare and the Office of the Healthcare Advocate are included, and the commissioner can name whomever else s/he believes is appropriate.
 - The payors to be included in the data effort are insurers, health care centers, and state agencies.
 - The list of data is to address several different aspects of access to treatment:
 1. Coverage for behavioral health services
 2. Coverage adequacy (including autism and substance use disorders)
 3. Medical necessity criteria (guidelines payors use to determine whether they will pay for requested care) and utilization management procedures (the process used to make those determinations, in individual cases), and how they compare across payors
 4. Provider network adequacy
 5. Overall providers availability in Connecticut
 6. Percentage of behavioral health care providers that participate in the payor's network
 7. Adequacy of services (including autism and substance use disorders)
- Therefore, the Governor's Bill leaves the precise data to be collected completely at the working group's discretion, and it gives the insurance commissioner wide latitude in determining which organizations are included in the working group.

Overview of the PRI Bill: HB 6854

- The PRI bill would require annual reporting by health carriers on:
 - County-level substance use prevalence, insurance utilization, and network data, separately for children, young adults, and adults;
 - More-detailed behavioral health utilization review data (for the Consumer Report Card), providing data that is grouped by disorder (substance use, mental health, or co-occurring), levels of care, and age, as well as by level of insurer review (e.g., first review, final appeal); and
 - State-level network participation applications, decisions, and withdrawals, for behavioral health practitioners (by licensure type) and facilities (by level of care).